

AMENDED IN ASSEMBLY JUNE 30, 2009

AMENDED IN SENATE APRIL 13, 2009

SENATE BILL

No. 296

Introduced by Senator Lowenthal

February 25, 2009

An act to add Sections 1367.27, 1367.28, and 1367.29 to the Health and Safety Code, and to add Sections 10123.197, 10123.198, and An act to amend Section 1368.015 of, and to add Sections 1367.29 and 1368.016 to, the Health and Safety Code, and to add Sections 10123.198 and 10123.199 to the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

SB 296, as amended, Lowenthal. Mental health services.

Existing law provides for licensing and regulation of health care service plans by the Department of Managed Health Care. Existing law provides for ~~licensing and~~ regulation of health insurers by the Department of Insurance. A willful violation of provisions governing health care service plans is a crime. Existing law imposes certain requirements on health care service plans, specialized health care service plans, and health insurers that provide coverage for professional mental health services. *Existing law also requires every health care service plan, other than a plan that primarily serves Med-Cal or Healthy Family Program enrollees, to maintain an Internet Web site.*

~~This bill would require every health care service plan, including a specialized health care service plan, and every health insurer that offers professional mental health services to direct those services to be provided in a manner that ensures coordination of benefits between all mental health care providers and general physical health care providers. The bill would require these plans and insurers to establish an Internet~~

~~Web site and to issue a benefits card to enrollees or insureds with specified information, on and after July 1, 2011, require every health care service plan, including a specialized health care service plan, and health insurer that provides professional mental health services to issue an identification card to each enrollee in order to assist the enrollee with accessing health benefits coverage information. The bill would require the identification card to be issued upon enrollment or commencement of coverage or upon any change in the enrollee's coverage that impacts the data content or format of the card. The bill would also require those plans and insurers to provide, on or before January 1, 2012, specified information on their Internet Web sites, to be updated as specified, and would require those insurers to establish Internet Web sites for that purpose. The bill would also require the departments to include on their Internet Web sites a link to the Internet Web site of each of those plans or insurers. The bill would also make changes to related provisions.~~

By imposing new requirements on certain health care service plans, the willful violation of which would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 1367.29 is added to the Health and Safety
2 Code, to read:
3 1367.29. (a) On and after July 1, 2011, in accordance with
4 the requirements of subdivision (b), every health care service plan
5 that provides professional mental health services, including a
6 specialized health care service plan that provides coverage for
7 professional mental health services, shall issue an identification
8 card to each enrollee in order to assist the enrollee with accessing
9 health benefits coverage information, including, but not limited
10 to, in-network provider access information, and claims processing

1 purposes. The identification card, at a minimum, shall include all
2 of the following information:

3 (1) The name of the health care service plan issuing the
4 identification card.

5 (2) The enrollee's identification number.

6 (3) A telephone number that enrollees or providers may call for
7 assistance with health benefits coverage information, in-network
8 provider access information, and claims processing information.

9 (4) A telephone number that enrollees may call to access
10 assessment services for the purpose of referral to an appropriate
11 level of care or an appropriate health care provider.

12 (5) The health care service plan's Internet Web site address.

13 (b) The identification card required by this section shall be
14 issued by a health care service plan or a specialized health care
15 service plan to an enrollee upon enrollment or upon any change
16 in the enrollee's coverage that impacts the data content or format
17 of the card.

18 (c) Nothing in this section requires a health care service plan
19 to issue a separate identification card for professional mental
20 health services coverage if the plan issues a card for health care
21 coverage in general and the card provides the information required
22 by this section.

23 (d) If a health care service plan or a specialized health care
24 service plan, as described in subdivision (a), delegates
25 responsibility for issuing the identification card to a contractor
26 or an agent, the contractor or agent shall be required to comply
27 with this section.

28 (e) Nothing in this section shall be construed to prohibit a health
29 care service plan or a specialized health care service plan from
30 meeting the standards of the Workgroup for Electronic Data
31 Interchange or other national uniform standards with respect to
32 identification cards, as long as the minimum requirements
33 described in subdivision (a) have been met.

34 SEC. 2. Section 1368.015 of the Health and Safety Code is
35 amended to read:

36 1368.015. (a) Effective July 1, 2003, every plan with—~~a~~ an
37 Internet Web site shall provide an online form through its Internet
38 Web site that subscribers or enrollees can use to file with the plan
39 a grievance, as described in Section 1368, online.

1 (b) The *Internet* Web site shall have an easily accessible online
2 grievance submission procedure that shall be accessible through
3 a hyperlink on the *Internet* Web site’s home page or member
4 services portal clearly identified as “GRIEVANCE FORM.” All
5 information submitted through this process shall be processed
6 through a secure server.

7 (c) The online grievance submission process shall be approved
8 by the Department of Managed Health Care and shall meet the
9 following requirements:

10 (1) It shall utilize an online grievance form in HTML format
11 that allows the user to enter required information directly into the
12 form.

13 (2) It shall allow the subscriber or enrollee to preview the
14 grievance that will be submitted, including the opportunity to edit
15 the form prior to submittal.

16 (3) It shall include a current hyperlink to the California
17 Department of Managed Health Care *Internet* Web site, and shall
18 include a statement in a legible font that is clearly distinguishable
19 from other content on the page and is in a legible size and type,
20 containing the following language:

21
22 “The California Department of Managed Health Care is
23 responsible for regulating health care service plans. If you have a
24 grievance against your health plan, you should first telephone your
25 health plan at (insert health plan’s telephone number) and use your
26 health plan’s grievance process before contacting the department.
27 Utilizing this grievance procedure does not prohibit any potential
28 legal rights or remedies that may be available to you. If you need
29 help with a grievance involving an emergency, a grievance that
30 has not been satisfactorily resolved by your health plan, or a
31 grievance that has remained unresolved for more than 30 days,
32 you may call the department for assistance. You may also be
33 eligible for an Independent Medical Review (IMR). If you are
34 eligible for IMR, the IMR process will provide an impartial review
35 of medical decisions made by a health plan related to the medical
36 necessity of a proposed service or treatment, coverage decisions
37 for treatments that are experimental or investigational in nature
38 and payment disputes for emergency or urgent medical services.
39 The department also has a toll-free telephone number
40 (1-888-HMO-2219) and a TDD line (1-877-688-9891) for the

1 hearing and speech impaired. The department’s Internet Web site
2 <http://www.hmohelp.ca.gov> has complaint forms, IMR application
3 forms and instructions online.”

4
5 The plan shall update the URL, hyperlink, and telephone numbers
6 in this statement as necessary.

7 (d) A plan that utilizes a hardware system that does not have
8 the minimum system requirements to support the software
9 necessary to meet the requirements of this section is exempt from
10 these requirements until January 1, 2006.

11 (e) For purposes of this section, the following terms shall have
12 the following meanings:

13 (1) “Homepage” means the first page or welcome page of ~~a~~ *an*
14 *Internet Web* site that serves as a starting point for navigation of
15 the *Internet Web* site.

16 (2) “HTML” means Hypertext Markup Language, the authoring
17 language used to create documents on the World Wide Web, which
18 defines the structure and layout of a Web document.

19 (3) “Hyperlink” means a special HTML code that allows text
20 or graphics to serve as a link that, when clicked on, takes a user
21 to another place in the same document, to another document, or
22 to another *Internet Web* site or Web page.

23 (4) “Member services portal” means the first page or welcome
24 page of ~~a~~ *an Internet Web* site that can be reached directly by the
25 *Internet Web* site’s homepage and that serves as a starting point
26 for a navigation of member services available on the *Internet Web*
27 site.

28 (5) “Secure server” means an Internet connection to ~~a~~ *an Internet*
29 Web site that encrypts and decrypts transmissions, protecting them
30 against third-party tampering and allowing for the secure transfer
31 of data.

32 (6) “URL” or “Uniform Resource Locator” means the address
33 of ~~a~~ *an Internet Web* site or the location of a resource on the World
34 Wide Web that allows a browser to locate and retrieve the *Internet*
35 Web site or the resource.

36 (7) ~~“Web”~~ “*Internet Web* site” means a site or location on the
37 World Wide Web.

38 (f) Every health care service plan, except a plan that primarily
39 serves Medi-Cal or Healthy Families Program enrollees, shall
40 maintain a *Internet Web* site. For a health care service plan that

1 provides coverage for professional mental health services, the
2 Internet Web site shall include, but not be limited to, providing
3 information to subscribers, enrollees, and providers that will assist
4 subscribers and enrollees in accessing mental health services as
5 well as the information described in Section 1368.016.

6 SEC. 3. Section 1368.016 is added to the Health and Safety
7 Code, to read:

8 1368.016. (a) On or before January 1, 2012, every health care
9 service plan that provides coverage for professional mental health
10 services, including a specialized health care service plan that
11 provides coverage for professional mental health services, shall,
12 pursuant to subdivision (f) of Section 1368.015, include on its
13 Internet Web site, or provide a link to, the following information:

14 (1) A telephone number that the enrollee or provider can call,
15 during normal business hours, for assistance obtaining mental
16 health benefits coverage information, including the extent to which
17 benefits have been exhausted, in-network provider access
18 information, and claims processing information.

19 (2) A link to prescription drug formularies as described in
20 Section 1367.20.

21 (3) A detailed summary that describes the process by which the
22 plan reviews and authorizes or approves, modifies, or denies
23 requests for health care services as described in Sections 1363.5
24 and 1367.01.

25 (4) Lists of providers as required by Section 1367.26.

26 (5) A detailed summary of the enrollee grievance process as
27 described in Sections 1368 and 1368.015.

28 (6) A detailed description of how an enrollee may request
29 continuity of care pursuant to subdivisions (a) and (b) of Section
30 1373.95.

31 (7) Information concerning the right, and applicable procedure,
32 of an enrollee to request an independent medical review pursuant
33 to Section 1374.30.

34 (8) A link to the department's final report of the plan's periodic
35 review as described in subdivision (h) of Section 1380.

36 (9) Provider manual templates containing nonproprietary
37 information provided to individual, group, and institutional
38 providers who contract with the plan. The material described in
39 this paragraph shall be updated within 30 days of any material

1 *change. An electronic notification of material changes shall be*
2 *communicated to applicable contract providers immediately.*

3 *(b) Except as otherwise specified, the material described in*
4 *subdivision (a) shall be updated at least quarterly.*

5 *(c) The information described in subdivision (a) may be made*
6 *available through a secured Internet Web site that is only*
7 *accessible to enrollees.*

8 *(d) The material described in subdivision (a) shall also be made*
9 *available to enrollees in hard copy upon request.*

10 *(e) Nothing in this article shall preclude a health care service*
11 *plan from including additional information on its Internet Web*
12 *site for applicants, enrollees or subscribers, or providers,*
13 *including, but not limited to, the cost of procedures or services by*
14 *health care providers in a plan's network.*

15 *(f) The department shall include on the department's Internet*
16 *Web site a link to the Internet Web site of each health care service*
17 *plan and specialized health care service plan described in*
18 *subdivision (a).*

19 *SEC. 4. Section 10123.198 is added to the Insurance Code, to*
20 *read:*

21 *10123.198. (a) On and after July 1, 2011, in accordance with*
22 *the requirements of subdivision (b), every health insurer that*
23 *provides professional mental health services shall issue an*
24 *identification card to each insured in order to assist the insured*
25 *with accessing health benefits coverage information, including,*
26 *but not limited to, in-network provider access information, and*
27 *claims processing purposes. The identification card, at a minimum,*
28 *shall include all of the following information:*

29 *(1) The name of the health insurer issuing the identification*
30 *card.*

31 *(2) The insured's identification number.*

32 *(3) A telephone number that insureds or providers may call for*
33 *assistance with health benefits coverage information, in-network*
34 *provider access information, and claims processing information.*

35 *(4) A telephone number that insureds may call to access*
36 *assessment services for the purpose of referral to an appropriate*
37 *level of care or an appropriate health care provider.*

38 *(5) The health insurer's Internet Web site address.*

39 *(b) The identification card required by this section shall be*
40 *issued by a health insurer to an insured upon commencement of*

1 coverage or upon any change in the insured's coverage that
2 impacts the data content or format of the card.

3 (c) Nothing in this section requires a health insurer to issue a
4 separate identification card for professional mental health
5 coverage if the insurer issues a card for health care coverage in
6 general and the card provides the information required by this
7 section.

8 (d) If a health insurer, as described in subdivision (a), delegates
9 responsibility for issuing the card to a contractor or agent, the
10 contractor or agent shall be required to comply with this section.

11 (e) Nothing in this section shall be construed to prohibit a health
12 insurer from meeting the standards of the Workgroup for Electronic
13 Data Interchange or other national uniform standards with respect
14 to identification cards, as long as the minimum requirements
15 described in subdivision (a) have been met.

16 (f) This section shall not apply to Medicare supplement,
17 short-term limited duration health insurance, Champus-supplement
18 insurance, TRI-CARE supplement, or to hospital indemnity,
19 accident-only, and specified disease insurance. This section shall
20 also not apply to specialized health insurance policies, except
21 behavioral health-only policies.

22 SEC. 5. Section 10123.199 is added to the Insurance Code, to
23 read:

24 10123.199. (a) On or before January 1, 2012, every health
25 insurer that provides coverage for professional mental health
26 services shall establish an Internet Web site. Each Internet Web
27 site shall include, or provide a link to, the following information:

28 (1) A telephone number that the insured or provider can call,
29 during normal business hours, for assistance obtaining mental
30 health benefits coverage information, including the extent to which
31 benefits have been exhausted, in-network provider access
32 information, and claims processing information.

33 (2) A link to prescription drug formularies.

34 (3) A detailed summary description of the process by which the
35 insurer reviews and approves, modifies, or denies requests for
36 health care services as described in Section 10123.135.

37 (4) Lists of providers as required by Section 10133.1.

38 (5) A detailed summary of the health insurer's grievance
39 process.

1 (6) A detailed description of how the insured may request
2 continuity of care as described in Section 10133.55.

3 (7) Information concerning the right, and applicable procedure,
4 of the insured to request an independent medical review pursuant
5 to subdivision (i) of Section 10169.

6 (8) A link to the results of any market conduct examinations of
7 the insurer as required by Section 12938.

8 (9) Provider manual templates containing nonproprietary
9 information provided to individual, group, and institutional
10 providers who contract with the insurer. The material described
11 in this paragraph shall be updated within 30 days of any material
12 change. An electronic notification of material changes shall be
13 communicated to applicable contract providers immediately.

14 (b) Except as otherwise specified, the material described in
15 subdivision (a) shall be updated at least quarterly.

16 (c) The information described in subdivision (a) may be made
17 available through a secured Internet Web site that is only
18 accessible to the insured.

19 (d) The material described in subdivision (a) shall also be made
20 available to insureds in hard copy upon request.

21 (e) Nothing in this article shall preclude an insurer from
22 including additional information on its Internet Web site for
23 applicants or insureds, including, but not limited to, the cost of
24 procedures or services by health care providers in an insurer's
25 network.

26 (f) The department shall include on the department's Internet
27 Web site, a link to the Internet Web site of each health insurer
28 described in subdivision (a).

29 (g) This section shall not apply to Medicare supplement,
30 short-term limited duration health insurance, Champus-supplement
31 insurance, TRI-CARE supplement, or to hospital indemnity,
32 accident-only, and specified disease insurance. This section shall
33 also not apply to specialized health insurance policies, except
34 behavioral health-only policies.

35 SEC. 6. No reimbursement is required by this act pursuant to
36 Section 6 of Article XIII B of the California Constitution because
37 the only costs that may be incurred by a local agency or school
38 district will be incurred because this act creates a new crime or
39 infraction, eliminates a crime or infraction, or changes the penalty
40 for a crime or infraction, within the meaning of Section 17556 of

1 *the Government Code, or changes the definition of a crime within*
2 *the meaning of Section 6 of Article XIII B of the California*
3 *Constitution.*

4 SECTION 1. Section 1367.27 is added to the Health and Safety
5 Code, to read:

6 1367.27. (a) ~~The Legislature finds and declares that~~
7 ~~coordination of care between mental health care providers and~~
8 ~~general physical health care providers is necessary to optimize the~~
9 ~~overall health of a patient.~~

10 (b) ~~Every health care service plan that offers professional mental~~
11 ~~health services, including a specialized health care service plan~~
12 ~~that offers those services, shall direct those services to be provided~~
13 ~~in a manner that ensures coordination of benefits between mental~~
14 ~~health care providers and general physical health care providers.~~

15 SEC. 2. Section 1367.28 is added to the Health and Safety
16 Code, to read:

17 1367.28. (a) ~~The Legislature finds and declares that health~~
18 ~~care consumers should be provided important information~~
19 ~~regarding health care services in an easily accessible manner. While~~
20 ~~most health care service plans are required to maintain Internet~~
21 ~~Web sites pursuant to subdivision (f) of Section 1368.015, it is the~~
22 ~~intent of this section to improve online access to all policies,~~
23 ~~guidelines, disclosure forms, and other materials that health care~~
24 ~~service plans are required by law to provide to the department or~~
25 ~~consumers.~~

26 (b) ~~On or before January 1, 2012, every health care service plan~~
27 ~~that offers professional mental health services, including a~~
28 ~~specialized health care service plan that offers only those services,~~
29 ~~shall establish an Internet Web site. Each Web site shall include,~~
30 ~~or provide a link to, information relative to all of the following:~~

31 (1) ~~Plan policies and procedures related to:~~

32 (A) ~~Modified contracts or coverage as required by Section~~
33 ~~1352.1.~~

34 (B) ~~Enrollee contract benefits and terms as required by~~
35 ~~subdivisions (a) and (b) of Section 1363.~~

36 (C) ~~Economic profiling as required by Section 1367.02.~~

37 (D) ~~Utilization review and modified coverage as required by~~
38 ~~Sections 1363.5 and 1367.01.~~

39 (E) ~~Cancellation of contracts as required by Section 1367.23.~~

40 (F) ~~Lists of providers as required by Section 1367.26.~~

1 ~~(G) Enrollee and subscriber grievances as required by Sections~~
2 ~~1368 and 1368.015.~~

3 ~~(H) Continuity of care as required by subdivisions (a) and (b)~~
4 ~~of Section 1373.95.~~

5 ~~(I) Independent medical review as required by subdivision (i)~~
6 ~~of Section 1374.30.~~

7 ~~(2) The department's final report of the plan's periodic review~~
8 ~~as required by subdivision (h) of Section 1380.~~

9 ~~(3) All provider manuals, policies, and procedures related to~~
10 ~~the terms and conditions of provider contracts, including any~~
11 ~~material changes to those manuals, policies, and procedures.~~

12 ~~(e) The material described in subdivision (b) shall be updated~~
13 ~~at least every month.~~

14 ~~(d) The department shall include on the department's Internet~~
15 ~~Web site a link to each plan Internet Web site.~~

16 ~~SEC. 3. Section 1367.29 is added to the Health and Safety~~
17 ~~Code, to read:~~

18 ~~1367.29. (a) Every health care service plan that offers~~
19 ~~professional mental health services, including a specialized health~~
20 ~~care service plan that offers those services, shall issue a benefits~~
21 ~~card to each enrollee for assistance with mental health benefits~~
22 ~~coverage information, in-network provider access information,~~
23 ~~and claims processing purposes. The benefits card, at a minimum,~~
24 ~~shall include all of the following information:~~

25 ~~(1) The name of the benefit administrator or health care service~~
26 ~~plan issuing the card, which shall be displayed on the front side~~
27 ~~of the card.~~

28 ~~(2) The enrollee's identification number, or the subscriber's~~
29 ~~identification number when the enrollee is a dependent who~~
30 ~~accesses services using the subscriber's identification number. The~~
31 ~~number shall be displayed on the front side of the card.~~

32 ~~(3) A telephone number that enrollees may call 24 hours a day,~~
33 ~~seven days a week, for assistance regarding health benefits~~
34 ~~coverage information, in-network provider access information,~~
35 ~~and claims processing.~~

36 ~~(4) A brief statement indicating that enrollees may call the~~
37 ~~telephone number for assistance regarding mental health services~~
38 ~~and coverage.~~

39 ~~(5) The plan's Internet Web site address.~~

1 ~~(b) A health care service plan shall not print any of the following~~
2 ~~information on the benefits card:~~

3 ~~(1) Any information that may result in fraudulent use of the~~
4 ~~card.~~

5 ~~(2) Any information that is otherwise prohibited from being~~
6 ~~included on the card.~~

7 ~~(c) On and after July 1, 2011, the benefits card required by this~~
8 ~~section shall be issued by a health care service plan or a specialized~~
9 ~~health care service plan to an enrollee upon enrollment or upon~~
10 ~~any change in the enrollee’s coverage that impacts the data content~~
11 ~~or format of the card.~~

12 ~~(d) Nothing in this section requires a health care service plan~~
13 ~~to issue a separate benefits card for mental health coverage if the~~
14 ~~plan issues a card for health care coverage in general and the card~~
15 ~~provides the information required by this section.~~

16 ~~(e) If a specialized health care service plan delegates~~
17 ~~responsibility for issuing the benefits card to a contractor or agent,~~
18 ~~then the contract between the plan and its contractor or agent shall~~
19 ~~require compliance with this section.~~

20 ~~SEC. 4. Section 10123.197 is added to the Insurance Code, to~~
21 ~~read:~~

22 ~~10123.197. (a) The Legislature finds and declares that~~
23 ~~coordination of care between mental health care providers and~~
24 ~~general physical health care providers is necessary to optimize the~~
25 ~~overall health of a patient.~~

26 ~~(b) Every health insurer that offers professional mental health~~
27 ~~services shall direct those services to be provided in a manner that~~
28 ~~ensures coordination of benefits between mental health care~~
29 ~~providers and general physical health care providers.~~

30 ~~SEC. 5. Section 10123.198 is added to the Insurance Code, to~~
31 ~~read:~~

32 ~~10123.198. (a) The Legislature finds and declares that health~~
33 ~~care consumers should be provided important information~~
34 ~~regarding health care services in an easily accessible manner. The~~
35 ~~intent of this section is to improve online access to all policies,~~
36 ~~guidelines, disclosure forms, and other materials that health insurers~~
37 ~~are required by law to provide to the commissioner or consumers.~~

38 ~~(b) On or before January 1, 2012, every health insurer that offers~~
39 ~~professional mental health services shall establish an Internet Web~~

1 site. Each Web site shall include, or provide a link to, information
2 relative to all of the following:

- 3 (1) ~~Insurer policies and procedures related to:~~
- 4 (A) ~~Modified contracts or coverage.~~
- 5 (B) ~~Policyholder contract benefits and terms.~~
- 6 (C) ~~Economic profiling as required by Section 10123.36.~~
- 7 (D) ~~Utilization review and modified coverage as required by~~
8 ~~Section 10123.135.~~
- 9 (E) ~~Cancellation of contracts as required by Section 10199.44.~~
- 10 (F) ~~Lists of providers as required by Section 10133.1.~~
- 11 (G) ~~Policyholder and insured grievances.~~
- 12 (H) ~~Continuity of care as required by Section 10133.55.~~
- 13 (I) ~~Independent medical review as required by subdivision (i)~~
14 ~~of Section 10169.~~
- 15 (2) ~~The results of any market conduct examinations of the~~
16 ~~insurer as required by Section 12938.~~
- 17 (3) ~~All provider manuals, policies, and procedures related to~~
18 ~~the terms and conditions of provider contracts, including any~~
19 ~~material changes to those manuals, policies, and procedures.~~
- 20 (e) ~~The material described in subdivision (b) shall be updated~~
21 ~~at least every month.~~
- 22 (d) ~~The commissioner shall include on the department's Internet~~
23 ~~Web site, a link to each health insurer's Internet Web site.~~

24 ~~SEC. 6.— Section 10123.199 is added to the Insurance Code, to~~
25 ~~read:~~

26 ~~10123.199.— (a) Every health insurer that offers professional~~
27 ~~mental health services shall issue a benefits card to each insured~~
28 ~~for assistance with mental health benefits coverage information,~~
29 ~~in-network provider access information, and claims processing~~
30 ~~purposes. The benefits card, at a minimum, shall include all of the~~
31 ~~following information:~~

- 32 (1) ~~The name of the benefit administrator or health insurer~~
33 ~~issuing the card, which shall be displayed on the front side of the~~
34 ~~card.~~
- 35 (2) ~~The insured's identification number, or the policyholder's~~
36 ~~identification number when the insured is a dependent who~~
37 ~~accesses services using the policyholder's identification number.~~
38 ~~The number shall be displayed on the front side of the card.~~
- 39 (3) ~~A telephone number that insureds may call 24 hours a day,~~
40 ~~seven days a week, for assistance regarding health benefits~~

1 coverage information, in-network provider access information,
2 and claims processing.

3 (4) A brief statement indicating that insureds may call the
4 telephone number for assistance regarding mental health services
5 and coverage.

6 (5) The health insurer's Internet Web site address.

7 (b) A health insurer shall not print any of the following
8 information on the benefits card:

9 (1) Any information that may result in fraudulent use of the
10 card.

11 (2) Any information that is otherwise prohibited from being
12 included on the card.

13 (c) On and after July 1, 2011, the benefits card required by this
14 section shall be issued by a health insurer to an insured upon
15 commencement of coverage or upon any change in the insured's
16 coverage that impacts the data content or format of the card.

17 (d) Nothing in this section requires a health insurer to issue a
18 separate benefits card for mental health coverage if the plan issues
19 a card for health care coverage in general and the card provides
20 the information required by this section.

21 SEC. 7. No reimbursement is required by this act pursuant to
22 Section 6 of Article XIII B of the California Constitution because
23 the only costs that may be incurred by a local agency or school
24 district will be incurred because this act creates a new crime or
25 infraction, eliminates a crime or infraction, or changes the penalty
26 for a crime or infraction, within the meaning of Section 17556 of
27 the Government Code, or changes the definition of a crime within
28 the meaning of Section 6 of Article XIII B of the California
29 Constitution.